

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 10021  
No. St. Joseph Hosp.

File No. 36846  
Registered No. 2035 Ward

2. FULL NAME Gilson, Mrs. Geo. W. (Margaret)

(a) Residence, No. 3416 Park Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Gilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
54 7 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) K. C. Mo. (STATE OR COUNTRY)

13. NAME Martin McCann

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

15. MAIDEN NAME Catherine Green

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

17. INFORMANT Miss Evelyn Gilson (ADDRESS) 3416 Park Ave. K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 10/26/37

19. UNDERTAKER V. F. Mayberry (ADDRESS) 2315 Linwood Blvd.

20. FILED 10-25-37 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-23 1936

I HEREBY CERTIFY, That I attended deceased from Sept 27 1937, to Oct 23 1937

I last saw him alive on Oct 22 1937. Death is said to have occurred on the date stated above, at 3:40 a. m.

The principal cause of death and related causes of importance were as follows:

acute myelogenous leukemia

Date of onset

Other contributory causes of importance:  
Abdominal operation for palpation abdominal fistula and abd. hernia

Name of operation \_\_\_\_\_ Date of 10-12-37

What test confirmed diagnosis? Post Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Eugene H. Hamilton, M. D.  
(Address) 10-24-37

1107 Bryant Blvd

